PTO/SB/81 (09-03)

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Application Number	
Filing Date	
First Named Inventor	Erwin Simnacher
Title	AP. FOR GENERATING SHOCK WAVES
Art Unit	
Examiner Name	
Attorney Docket Number	

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l am the: Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Name	Steffen Strauss Pat	ent Professional of the HMT Compa	iny	-			
Signat		<u> </u>					
Date	16.Feb.2004			Telephone ++4	1-71-6866287		
	Signatures of all the inventor	s or assignees of record of the entire inte	rest or their representative	(s) are required. Subm	it multiple		
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This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Attorney Docket Number

DECLARAT	DESIGN	JILIII OK	First Named Inver	ntor	Erwin Sim	nacher		
PATENT APPLICATION				COMPLETE IF KNOWN				
	7 CFR 1.63		Application Numb	er	T			
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Filing	((37 ČFR 1.16 (e)) required)	Examiner Name					
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Each inventor's residen		•						
I believe the inventor(s) which a patent is sough			irst inventor(s) of the	e subjec	t matter wr	iich is claim	ied and for	
APPARATUS FO	R GENERA	ATING SHOCK V	VAVES					
		(Title of	the Invention)					
the specification of which	ch							
is attached hereto								
OR								
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Given Name Given Name (first and middle [if any]) Given Name (first and middle [if any]) Given Name (first and middle [if any])								
Inventor's Signature		<u> </u>						Date 16.Feb.2004
Residence: City	State			Coun	try		Citizer	nship
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Reichenau					D-784	179		Germany
NAME OF SECOND INVENTO	R:				Αp	etition has bee	n filed f	or this unsigned inventor
Given Name (first and middle [if any])					Family Name or Surname			
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Residence: City	State			Coun	try		Citizer	nship
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Additional inventors or a legal re	I presentative are be	ing named on	thes	uppleme	ntal sh	eet(s) PTO/SB/02A	or 02LR a	attached hereto.